INTERNET FORM NLRB-508 (2-08)

FORM EXEMPT UNDER 44 U.S.C 3512 UNITED STATES OF AMERICA

NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST LABOR ORGANIZATION

OR ITS AGENTS

DO NOT WRITE IN THIS SPACE			
2017			

original with NLPR Regional Director for the region in which the alleged unfair labor practice occurred or is occurring

INSTRUCTIONS: File an original with NLRB Regional Director for the				ed of is occurring.
1. LABOR ORGANIZATION OR ITS	S AGENTS AGAINST WHICH			to contact
u. Hallo			presentative	to contact
United Service Workers, IUJAT, Local 355		Jimmy S	cagnelli	
c. Address (Street, city, state, and ZIP code)		d. Tel. No. 718-658-	4848	e. Cell No. 347-886-5980
138-50 Queens Blvd.		f. Fax No.		g. e-Mail
Briarwood, NY 11435		ii i ax (10		jimmys@uswa.net
h. The above-named organization(s) or its agents has (have) engaged subsection(s) (list subsections) 3 are unfair practices affecting commerce within the meaning of the A meaning of the Act and the Postal Reorganization Act.	of the Natio	onal Labor Re	elations Act. a	and these unfair labor practices
2. Basis of the Charge (set forth a clear and concise statement of the	e facts constituting the alleged	d unfair labor	practices)	
Since on or about November 1, 2017, despite repeated to provide the following information regarding the Secur balances for each member of the bargaining unit at Harr Motor Company bargaining unit members who recage of 65. For each such employee, the amount of dist Account. The parties are engaged in negotiations and such requences the such requences are engaged in negotiations.	ity Fund of the United S r Motor Company; (2) fo eived distributions from ribution and any outstar	ervice Wor ort he past the Securi ading balar	rkers: (1) 10 year pe ty Fund du nce remain	current account eriod, the names of all ue to their attaining the ning in his/her Fund
Name of Employer Harr Motor Company		4a. Tel. No 508-595-		b. Cell No.
		c. Fax No. 508-595-3226		d. e-Mail mgross@harr.com
5. Location of plant involved (street, city, state and ZIP code) P.O. BOx 912 Worcester, MA 01613-0912			6. Employ Michael	yer representative to contact I Gross
7. Type of establishment (factory, mine, wholesaler, etc.)	8. Identify principal product	or service	9. Numbe	er of workers employed
Automobile Dealerships and autobody repair	Automobile sales/Repa			
10. Full name of party filing charge		11a. Tel. No. 413-737-		b. Cell No. 413-531-4628
Ralph F. Abbott, Jr.		c. Fax No.	4733	d. e-Mail
11. Address of party filling charge (street, city, state and ZIP code.)		413-787-	1941	rabbott@skoler-abbott.
One Monarch Place, Suite 2000				
Springfield, MA 01144				
12. DECLARATION declare that I have read the above charge and that the statements therein are true to the best of my knowledge and belief. By RALPHF. I ABB IT, JR (signature of representative or person making charge) (Print/type name and title or office, if any) Fax No.			I. No.	
			Fax No.	
		e-l	Mail	
Address	(date)			

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001) PRIVACY ACT STATEMENT

CERTIFICATE OF SERVICE

I hereby certify that a true and accurate copy of the foregoing *Charge Against Labor Organization* was served on the attorney of record for the Union, via first-class, U.S. mail, postage prepaid and e-mail, on December 14, 2017, addressed as follows:

Jimmy Scagnelli United Service Workers, IUJAT, Local 355 138-50 Queens Blvd. Briarwood, NY 11435 Jimmys@uswa.net

Ralph F. Abbott, Esq.



UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD



REGION 1 10 Causeway St FI 6 Boston, MA 02222-1001 Agency Website: www.nlrb.gov Telephone: (617) 565-6700 Fax: (617) 565-6725 Download NLRB Mobile App

December 15, 2017

RALPH F. ABBOTT JR., ESQ. SKOLER, ABBOTT & PRESSER, P.C. ONE MONARCH PLACE, SUITE 2000 SPRINGFIELD, MA 01144

Re: UNITED SERVICE WORKERS, IUJAT,

LOCAL 355 (Harr Motor Company)

Case 01-CB-211605

Dear Mr. Abbott:

The charge that you filed in this case on December 14, 2017 has been docketed as case number 01-CB-211605. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

<u>Investigator</u>: This charge is being investigated by Field Attorney JO ANNE P. HOWLETT whose telephone number is (857) 317-7810. If this Board agent is not available, you may contact Supervisory Attorney THOMAS E. QUIGLEY whose telephone number is (959) 200-7376.

Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing *Form NLRB-4701*, *Notice of Appearance*. This form is available on our website, www.nlrb.gov, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

Presentation of Your Evidence: As the party who filed the charge in this case, it is your responsibility to meet with the Board agent to provide a sworn affidavit, or provide other witnesses to provide sworn affidavits, and to provide relevant documents within your possession. Because we seek to resolve labor disputes promptly, you should be ready to promptly present your affidavit(s) and other evidence. If you have not yet scheduled a date and time for the Board agent to take your affidavit, please contact the Board agent to schedule the affidavit(s). If you

fail to cooperate in promptly presenting your evidence, your charge may be dismissed without investigation.

<u>Preservation of all Potential Evidence:</u> Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

<u>Prohibition on Recording Affidavit Interviews:</u> It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

<u>Procedures:</u> We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website, <u>www.nlrb.gov</u>. However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge. The Agency requests all evidence submitted electronically to be in the form it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format). If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, www.nlrb.gov or from an NLRB office upon your request. NLRB Form 4541, Investigative Procedures offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,
El bett A. Gemperline

ELIZABETH A. GEMPERLINE.

Acting Regional Director

EAG/rg



UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD

Agency Website: www.nlrb.gov Telephone: (617) 565-6700 Fax: (617) 565-6725 Download NLRB Mobile App

December 15, 2017

JIM SCAGNELLI JR., BUSINESS AGENT UNITED SERVICE WORKERS, LOCAL 355, IUJAT 13850 QUEENS BLVD BRIARWOOD, NY 11435-2642

Re: UNITED SERVICE WORKERS, IUJAT,

LOCAL 355 (Harr Motor Company)

Case 01-CB-211605

Dear Mr. Scagnelli:

REGION 1

10 Causeway St FI 6

Boston, MA 02222-1001

Enclosed is a copy of a charge that has been filed in this case. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

<u>Investigator</u>: This charge is being investigated by Field Attorney JO ANNE P. HOWLETT whose telephone number is (857) 317-7810. If this Board agent is not available, you may contact Supervisory Attorney THOMAS E. QUIGLEY whose telephone number is (959) 200-7376.

Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, www.nlrb.gov, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

<u>Presentation of Your Evidence</u>: We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit a complete written account of the facts and a statement of your position with respect to the allegations set forth in the charge as soon as possible. If the Board agent later asks for more evidence, I strongly urge you or your representative to cooperate fully by promptly presenting all evidence relevant to the investigation. In this way, the case can be fully investigated more quickly.

Full and complete cooperation includes providing witnesses to give sworn affidavits to a Board agent, and providing all relevant documentary evidence requested by the Board agent. Sending us your written account of the facts and a statement of your position is not enough to be considered full and complete cooperation. A refusal to fully cooperate during the investigation might cause a case to be litigated unnecessarily.

We will not honor any request to place limitations on our use of position statements or evidence beyond those prescribed by the Freedom of Information Act and the Federal Records Act. Thus, we will not honor any claim of confidentiality except as provided by Exemption 4 of FOIA, 5 U.S.C. Sec. 552(b)(4), and any material you submit may be introduced as evidence at any hearing before an administrative law judge. We are also required by the Federal Records Act to keep copies of documents gathered in our investigation for some years after a case closes. Further, the Freedom of Information Act may require that we disclose such records in closed cases upon request, unless there is an applicable exemption. Examples of those exemptions are those that protect confidential financial information or personal privacy interests.

<u>Procedures:</u> We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website, <u>www.nlrb.gov</u>. However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, www.nlrb.gov or from an NLRB office upon your request. NLRB Form 4541 offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,

El Sett A. Gemperline

ELIZABETH A. GEMPERLINE Acting Regional Director

Enclosure: Copy of Charge

cc: KURT EDELMAN, PRESIDENT SERVICE WORKERS UNITED, UNITE HERE 330 W 42ND STREET, SUITE 900 NEW YORK, NY 10036-6902

> ROBERT S. GIOLITO, ATTORNEY AT LAW 11755 WILSHIRE BLVD STE 2140 LOS ANGELES, CA 90025-1543



UNITED STATES GOVERNMENT NATIONAL LABOR RELATIONS BOARD



REGION 1 10 Causeway St FI 6 Boston, MA 02222-1001 Agency Website: www.nlrb.gov Telephone: (617) 565-6700 Fax: (617) 565-6725 Download NLRB Mobile App

December 15, 2017

MICHAEL GROSS HARR MOTOR COMPANY PO BOX 912 WORCESTER, MA 01613-0912

Re: UNITED SERVICE WORKERS, IUJAT,

LOCAL 355 (Harr Motor Company)

Case 01-CB-211605

Dear Mr. Gross:

Enclosed is a copy of a charge that has been filed in this case. Although this charge is not filed against you, it is necessary for us to obtain information from you to determine whether we have jurisdiction over this case. In the future we may also need to obtain evidence from you concerning the merits of the charge. This letter tells you how to contact the Board agent who will be investigating the charge, explains your right to be represented, discusses presenting your evidence, and provides a brief explanation of our procedures, including how to submit documents to the NLRB.

<u>Investigator</u>: This charge is being investigated by Field Attorney JO ANNE P. HOWLETT whose telephone number is (857) 317-7810. If this Board agent is not available, you may contact Supervisory Attorney THOMAS E. QUIGLEY whose telephone number is (959) 200-7376.

Right to Representation: You have the right to be represented by an attorney or other representative in any proceeding before us. If you choose to be represented, your representative must notify us in writing of this fact as soon as possible by completing Form NLRB-4701, Notice of Appearance. This form is available on our website, www.nlrb.gov, or from an NLRB office upon your request.

If you are contacted by someone about representing you in this case, please be assured that no organization or person seeking your business has any "inside knowledge" or favored relationship with the National Labor Relations Board. Their knowledge regarding this proceeding was only obtained through access to information that must be made available to any member of the public under the Freedom of Information Act.

<u>Presentation of Your Evidence</u>: We seek prompt resolutions of labor disputes. Therefore, I urge you or your representative to submit the enclosed Commerce Questionnaire to enable us to determine whether the NLRB has jurisdiction over this dispute. If you recently submitted this information in another case, or if you need assistance completing the form, please contact the Board agent.

If, during the investigation of this matter, the Board agent asks for evidence, I strongly urge you or your representative to promptly present all evidence relevant to the investigation. In this way, the case may be fully investigated more quickly.

We will not honor any request to place limitations on our use of position statements or evidence beyond those prescribed by the Freedom of Information Act and the Federal Records Act. Thus, we will not honor any claim of confidentiality except as provided by Exemption 4 of FOIA, 5 U.S.C. Sec. 552(b)(4), and any material you submit may be introduced as evidence at a hearing before an

Case 01-CB-211605

administrative law judge. We are also required by the Federal Records Act to keep copies of documents gathered in our investigation for some years after a case closes. Further, the Freedom of Information Act may require that we disclose such records in closed cases upon request, unless there is an applicable exemption. Examples of those exemptions are those that protect confidential financial information or personal privacy interests.

<u>Preservation of all Potential Evidence:</u> Please be mindful of your obligation to preserve all relevant documents and electronically stored information (ESI) in this case, and to take all steps necessary to avoid the inadvertent loss of information in your possession, custody or control. Relevant information includes, but is not limited to, paper documents and all ESI (e.g. SMS text messages, electronic documents, emails, and any data created by proprietary software tools) related to the above-captioned case.

<u>Prohibition on Recording Affidavit Interviews:</u> It is the policy of the General Counsel to prohibit affiants from recording the interview conducted by Board agents when subscribing Agency affidavits. Such recordings may impede the Agency's ability to safeguard the confidentiality of the affidavit itself, protect the privacy of the affiant and potentially compromise the integrity of the Region's investigation.

<u>Procedures:</u> We strongly urge everyone to submit all documents and other materials by E-Filing (not e-mailing) through our website, <u>www.nlrb.gov</u>. However, the Agency will continue to accept timely filed paper documents. Please include the case name and number indicated above on all your correspondence regarding the charge. The Agency requests all evidence submitted electronically to be in the form it is normally used and maintained in the course of business (i.e., native format). Where evidence submitted electronically is not in native format, it should be submitted in a manner that retains the essential functionality of the native format (i.e., in a machine-readable and searchable electronic format). If you have questions about the submission of evidence or expect to deliver a large quantity of electronic records, please promptly contact the Board agent investigating the charge.

Information about the Agency, the procedures we follow in unfair labor practice cases and our customer service standards is available on our website, www.nlrb.gov or from an NLRB office upon your request. NLRB Form 4541, Investigative Procedures offers information that is helpful to parties involved in an investigation of an unfair labor practice charge.

We can provide assistance for persons with limited English proficiency or disability. Please let us know if you or any of your witnesses would like such assistance.

Very truly yours,
El Sett A Gemperline

ELIZABETH A. GEMPERLINE

Acting Regional Director

EAG/rg

Enclosures

- 1. Copy of Charge
- 2. Commerce Questionnaire

[] CORPORATION [] LLC [] LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) 3. IF A CORPORATION or LLC A STATE OF INCORPORATION OR FORMATION B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF FROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. A. PRINCIPAL LOCATION: B. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. Total: B. At the address involved in this matter: 9. DURING THE MOST RECENT (Check appropriate box): [] CALENDAR YR [] 12 MONTHS or [] FISCAL YR (FY dates) / YES NO A. Did you provide services valued in excess of \$50,000 directly to customers in your State? If no, indicate actual value. S. B. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 timicate the value of any such services you provided. S. C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ F. Gross Revenues from all sales or performe	Revised 3/21/2011	NATIONAL LABOR RELA	ATIONS BOARD			
L EXACT LEGAL TITLE OF ENHTY (As filed with State and/or stated in legal documents forming entity) 2. TYPE OF ENHTY [] CORPORATION [] LIC [] LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) 3. IF A CORPORATION of LIC A STATE OF INCORPORATION OR FORMATION OR FORMAT	·					
D1-CB-211605		ms, and return to the NLRB Office. If additi	ional space is required, please add a pag			
2. TYPE OF ENTITY [] CORPORATION [] LLC [] LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) 3. IF A CORPORATION of LLC A STATE OF INCORPORATION OR FORMATION OR	CISETANIE					
[] CORPORATION [] LLC [] LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) 3. IF A CORPORATION AT LLC A STATE OF INCORPORATION OR FORMATION OR FORMATION 4. IF AN ILC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF FROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. A. PRINCIPAL LOCATION: 8. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A Total: 9. DERNG THE MOST RECENT (Check appropriate bays: [] CALENDAR VR [] 12 MONTHS or [] FISCAL VR (FY dates) 9. DENNG THE MOST RECENT (Check appropriate bays: [] CALENDAR VR [] 12 MONTHS or [] FISCAL VR (FY dates) 9. DISTORMENT OF SOLUTION (Products and the value of any such services you provided on severe of \$50,000 from directly outside your State? If no, indicate actual value. 9. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate actual value. 9. C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ 10. Did you sell goods valued in excess of \$50,000 directly to customers located inside your State? If less than \$50,000, indicate amount. \$ 11. Did you begin operations within the last IZ months? If less than \$50,000, indicate amount. \$ 12. Ord MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? 12. I YES [] NO (I) yee, name and address of association or group). 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE	1. EXACT LEGAL TITLE OF ENTITY (As filed with State and/or stated in lega	l documents forming entity)	01 CB 211003		
[] CORPORATION [] LLC [] LLP [] PARTNERSHIP [] SOLE PROPRIETORSHIP [] OTHER (Specify) 3. IF A CORPORATION AT LLC A STATE OF INCORPORATION OR FORMATION OR FORMATION 4. IF AN ILC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF FROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. A. PRINCIPAL LOCATION: 8. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A Total: 9. DERNG THE MOST RECENT (Check appropriate bays: [] CALENDAR VR [] 12 MONTHS or [] FISCAL VR (FY dates) 9. DENNG THE MOST RECENT (Check appropriate bays: [] CALENDAR VR [] 12 MONTHS or [] FISCAL VR (FY dates) 9. DISTORMENT OF SOLUTION (Products and the value of any such services you provided on severe of \$50,000 from directly outside your State? If no, indicate actual value. 9. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate actual value. 9. C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ 10. Did you sell goods valued in excess of \$50,000 directly to customers located inside your State? If less than \$50,000, indicate amount. \$ 11. Did you begin operations within the last IZ months? If less than \$50,000, indicate amount. \$ 12. Ord MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? 12. I YES [] NO (I) yee, name and address of association or group). 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE						
S. IF A CORPORATION or LC A STATE OF INFOCROPORATION OR FORMATION B. NAME, ADDRESS, AND RELATIONSHIP (e.g. parent, subudiany) OF ALL RELATED ENTITIES OR FORMATION 4. IF AN LLC OR ANY TYPE OF PARTINERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTINES 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF FROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. A. PRINCIPAL LOCATION: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. Total: 9. DURING THE MOST RECENT (Check appropriate bax): [I CALENDAR YR	2. TYPE OF ENTITY					
A STATE OF INCORPORATION B. NAME. ADDRESS, AND RELATIONSHIP (e.g. parent, subsidiary) OF ALL RELATED ENTITIES 4. IF AN LLC OR ANY TYPE OF PARTINERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTINERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF FROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. A. PRINCIPAL LOCATION: B. A the address involved in this matter. 9. DURING THE MOST RECENT (Check appropriate box): [CALENDAR Y [] 12 MONTHS or [] FISCAL YR (FY dates	[] CORPORATION [] LLC [] L	LP [] PARTNERSHIP [] SOI	LE PROPRIETORSHIP [] OTHE	R (Specify)		
4. IF ANLLC OR ANY TYPE OF PARTNERSHIP, FULL NAME AND ADDRESS OF ALL MEMBERS OR PARTNERS 5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. A. PRINCIPAL LOCATION: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. Total: 9. DURING THE MOST RECENT (Check appropriate box): 1. CALENDAR YR. 12 MONTHS or FISCAL YR (FY dates YES NO S YES NO S YES NO YES YES NO YES	3. IF A CORPORATION or LLC					
5. IF A SOLE PROPRIETORSHIP, FULL NAME AND ADDRESS OF PROPRIETOR 6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. A. PRINCIPAL LOCATION: 8. B. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. Total: 9. DURING THE MOST RECENT (Check appropriate bax): [CALENDAR YR [12 MONTHS or [FISCAL YR (FY dates		B. NAME, ADDRESS, AND RELATION	ONSHIP (e.g. parent, subsidiary) OF A	LL RELATED ENTITIES		
6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. A. PRINCIPAL LOCATION: 8. B. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. Total: 9. DURING THE MOST RECENT (Check appropriate box): [CALENDAR YR 12 MONTHS or FISCAL YR (FF dates) A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$ NO	4. IF AN LLC OR ANY TYPE OF PART	NERSHIP, FULL NAME AND ADDR	ESS OF ALL MEMBERS OR PART	NERS		
6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. A. PRINCIPAL LOCATION: 8. B. BRANCH LOCATIONS: 8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. Total: 9. DURING THE MOST RECENT (Check appropriate box): [CALENDAR YR 12 MONTHS or FISCAL YR (FF dates) A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$ NO						
6. BRIEFLY DESCRIBE THE NATURE OF YOUR OPERATIONS (Products handled or manufactured, or nature of services performed). 7. A. PRINCIPAL LOCATION: B. BRANCH LOCATIONS: B. BRANCH LOCATIONS: S. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. Total: B. At the address involved in this matter: 9. DURING THE MOST RECENT (Check appropriate box): [CALENDARYR]12 MONTHS or [] FISCALYR (FF dates) A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. S. B. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. S. C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ If you answered no to 9D, did you sell goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ S. If you nawered no to 9D, did you sell goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ S. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ S. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ Gross Revenues from all sales or performance of services (Check the largest amount) S. Jought State? If less than \$50,000, indicate amount. \$ S. Gross Revenues from all sales or performance or services (Che	5. IF A SOLE PROPRIETORSHIP, FUI	L NAME AND ADDRESS OF PROPR	RIETOR			
8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. Total: B. At the address involved in this matter: 9. DURING THE MOST RECENT (Check appropriate bax): [CALENDAR VR []12 MONTHS or []FISCAL VR (FY dates) YES NO ADID you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. S. S						
8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. Total: B. At the address involved in this matter: 9. DURING THE MOST RECENT (Check appropriate box): [CALENDAR YR [] 12 MONTHS or [] FISCAL YR (FY dates) A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$ B. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 indicate amount. } I. Did you begin operations within the last 12 months? If yes, specify date: [] YES [] NO (If yes, name and address of association or group). 10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTAT	6. BRIEFLY DESCRIBE THE NATURE	OF YOUR OPERATIONS (Products)	nandled or manufactured, or nature of s	ervices performed).		
8. NUMBER OF PEOPLE PRESENTLY EMPLOYED A. Total: B. At the address involved in this matter: 9. DURING THE MOST RECENT (Check appropriate box): [CALENDAR YR [] 12 MONTHS or [] FISCAL YR (FY dates) A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$ B. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 indicate amount. } I. Did you begin operations within the last 12 months? If yes, specify date: [] YES [] NO (If yes, name and address of association or group). 10. ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTAT						
A. Total: B. At the address involved in this matter: 9. DURING THE MOST RECENT (Check appropriate box): [] CALENDAR VR [] 12 MONTHS or [] FISCAL YR (FY dates) VES NO A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$	7. A. PRINCIPAL LOCATION:	B. BRANCH LO	OCATIONS:			
A. Total: B. At the address involved in this matter: 9. DURING THE MOST RECENT (Check appropriate box): [] CALENDAR VR [] 12 MONTHS or [] FISCAL YR (FY dates) VES NO A. Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$						
9. DURING THE MOST RECENT (Check appropriate bax): CALENDAR YR 12 MONTHS or FISCAL YR (FY dates	8. NUMBER OF PEOPLE PRESENTLY	EMPLOYED				
A Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$ B. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ \$ G. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ G. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$500,000 [] \$500,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: [] YES [] NO (If yes, name and address of association or group). II. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS NAME TILE	A. Total:	B. At the address involved in this	matter:			
A Did you provide services valued in excess of \$50,000 directly to customers outside your State? If no, indicate actual value. \$ If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$150,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: O ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? YES [] NO (If yes, name and address of association or group). REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS NAME TITLE E-MAIL ADDRESS TEL NUMBER TEL NUMBER TEL NUMBER TEL NUMBER TEL NUMBER TEL NUMBER TEL NUMBE	9. DURING THE MOST RECENT (Chee	ck appropriate box): [] CALENDAR Y	R [] 12 MONTHS or [] FISCA)	
B. If you answered no to 9A, did you provide services valued in excess of \$50,000 to customers in your State who purchased goods valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. \$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. Did you begin operations within the last 12 months? If yes, specify date: OARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). TILE	A Did you provide services valued in	excess of \$50,000 directly to custome	ers outside your State? If no indica		S NO	
valued in excess of \$50,000 from directly outside your State? If no, indicate the value of any such services you provided. S C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: 10 ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS NAME TITLE E-MAIL ADDRESS TEL. NUMBER 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE	\$	-	-			
\$ C. If you answered no to 9A and 9B, did you provide services valued in excess of \$50,000 to public utilities, transit systems, newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: [] 4AE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). II. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS NAME TITLE E-MAIL ADDRESS TEL. NUMBER 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE						
newspapers, health care institutions, broadcasting stations, commercial buildings, educational institutions, or retail concerns? If less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: 10 ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS NAME TILLE E-MAIL ADDRESS TEL. NUMBER 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE	\$			-		
less than \$50,000, indicate amount. \$ D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate amount. \$ E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: Did YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS NAME TITLE E-MAIL ADDRESS TEL. NUMBER						
E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: 10 ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS NAME TITLE E-MAIL ADDRESS TEL. NUMBER 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE			indings, educational institutions, of	retair concerns: 11		
E. If you answered no to 9D, did you sell goods valued in excess of \$50,000 directly to customers located inside your State who purchased other goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: [] ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS NAME TITLE E-MAIL ADDRESS TEL. NUMBER 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE		D. Did you sell goods valued in excess of \$50,000 directly to customers located outside your State? If less than \$50,000, indicate				
\$ F. Did you purchase and receive goods valued in excess of \$50,000 from directly outside your State? If less than \$50,000, indicate amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: 10 ARE YOU A MEMBER OF AN ASSOCIATION OR OTHER EMPLOYER GROUP THAT ENGAGES IN COLLECTIVE BARGAINING? [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS NAME TITLE E-MAIL ADDRESS TEL. NUMBER 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE						
amount. \$ G. Did you purchase and receive goods valued in excess of \$50,000 from enterprises who received the goods directly from points outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS NAME TITLE E-MAIL ADDRESS TEL. NUMBER 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE	nurchased other goods reduced in over					
outside your State? If less than \$50,000, indicate amount. \$ H. Gross Revenues from all sales or performance of services (Check the largest amount) [] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date: [] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS NAME TITLE E-MAIL ADDRESS TEL. NUMBER 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE	\$		your State? If less than \$50,000, in	ndicate amount.		
[] \$100,000 [] \$250,000 [] \$500,000 [] \$1,000,000 or more If less than \$100,000, indicate amount. I. Did you begin operations within the last 12 months? If yes, specify date:	\$ F. Did you purchase and receive good amount. \$	ls valued in excess of \$50,000 from d	your State? If less than \$50,000, is lirectly outside your State? If less	than \$50,000, indicate		
I. Did you begin operations within the last 12 months? If yes, specify date:	\$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good	Is valued in excess of \$50,000 from d	your State? If less than \$50,000, is lirectly outside your State? If less	than \$50,000, indicate		
[] YES [] NO (If yes, name and address of association or group). 11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS NAME TITLE E-MAIL ADDRESS TEL. NUMBER 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE	\$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or part of the state of the stat	Is valued in excess of \$50,000 from e Is valued in excess of \$50,000 from e 0,000, indicate amount. \$ performance of services (Check the la	your State? If less than \$50,000, is directly outside your State? If less enterprises who received the goods argest amount)	than \$50,000, indicate		
11. REPRESENTATIVE BEST QUALIFIED TO GIVE FURTHER INFORMATION ABOUT YOUR OPERATIONS NAME TITLE E-MAIL ADDRESS TEL. NUMBER 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE	\$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or purchase and receive good outside your State? If less than \$5	Is valued in excess of \$50,000 from 6 Is valued in excess of \$50,000 from 6 0,000, indicate amount. \$ performance of services (Check the language) 00,000 [] \$1,000,000 or more If les	your State? If less than \$50,000, in lirectly outside your State? If less enterprises who received the goods engest amount) is than \$100,000, indicate amount.	than \$50,000, indicate		
NAME TITLE E-MAIL ADDRESS TEL. NUMBER 12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE	\$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or [] \$100,000 [] \$250,000 [] \$5 I. Did you begin operations within	Is valued in excess of \$50,000 from 6 0,000, indicate amount. \$ 00,000 [] \$1,000,000 or more If less the last 12 months? If yes, specify	your State? If less than \$50,000, in lirectly outside your State? If less enterprises who received the goods enterprises amount) is than \$100,000, indicate amount. date:	than \$50,000, indicate directly from points		
12. AUTHORIZED REPRESENTATIVE COMPLETING THIS QUESTIONNAIRE	\$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or [] \$100,000 [] \$250,000 [] \$5 I. Did you begin operations within to ARE YOU A MEMBER OF AN ASSO	Is valued in excess of \$50,000 from 6 0,000, indicate amount. \$ 0,000 [] \$1,000,000 or more If less the last 12 months? If yes, specify OCIATION OR OTHER EMPLOYER	your State? If less than \$50,000, in lirectly outside your State? If less enterprises who received the goods enterprises amount) is than \$100,000, indicate amount. date:	than \$50,000, indicate directly from points		
	\$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or present the state of the stat	Is valued in excess of \$50,000 from of the valued in excess of \$50,000 from e 0,000, indicate amount. \$ performance of services (Check the le 00,000 [] \$1,000,000 or more If less the last 12 months? If yes, specify ociation or other employer address of association or group).	Jour State? If less than \$50,000, in lirectly outside your State? If less enterprises who received the goods enterprises who received the goods that \$100,000, indicate amount. date: GROUP THAT ENGAGES IN COLUMN ABOUT YOUR OPERATIONS	than \$50,000, indicate directly from points LECTIVE BARGAINING?		
	\$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or present the state of the stat	Is valued in excess of \$50,000 from of the valued in excess of \$50,000 from e 0,000, indicate amount. \$ performance of services (Check the le 00,000 [] \$1,000,000 or more If less the last 12 months? If yes, specify ociation or other employer address of association or group).	your State? If less than \$50,000, in lirectly outside your State? If less enterprises who received the goods engest amount) as than \$100,000, indicate amount. date: GROUP THAT ENGAGES IN COLUMN ABOUT YOUR OPERATIONS	than \$50,000, indicate directly from points LECTIVE BARGAINING?		
	\$ F. Did you purchase and receive good amount. \$ G. Did you purchase and receive good outside your State? If less than \$5 H. Gross Revenues from all sales or present the state of the stat	Is valued in excess of \$50,000 from 6 0,000, indicate amount. \$ 00,000 [] \$1,000,000 or more If less the last 12 months? If yes, specify OCIATION OR OTHER EMPLOYER address of association or group). ED TO GIVE FURTHER INFORMAT	group State? If less than \$50,000, in lirectly outside your State? If less enterprises who received the goods enterprises who received the goods argest amount) as than \$100,000, indicate amount. date: GROUP THAT ENGAGES IN COLITION ABOUT YOUR OPERATIONS E-MAIL ADDRESS	than \$50,000, indicate directly from points LECTIVE BARGAINING? TEL. NUMBER		

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing representation and/or unfair labor practice proceedings and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary. However, failure to supply the information may cause the NLRB to refuse to process any further a representation or unfair labor practice case, or may cause the NLRB to issue you a subpoena and seek enforcement of the subpoena in federal court.

IN THE ABOVE CAPTIONED MATTER.

NATIONAL LABOR RELATIONS BOARD NOTICE OF APPEARANCE

X	
HARR MOTOR COMPANY (RALPH F. ABBOTT, JR.)	Case# 01-CB-211605
X	
TO: (CHECK ONE BOX ONLY)	
☑ REGIONAL DIRECTOR ☐ EXECUTIVE SECRETARY NATIONAL LABOR RELATIONS BOARD WASHINGTON, D.C. 20570	☐ GENERAL COUNSEL NATIONAL LABOR RELATIONS BOARD WASHINGTON, D.C. 20570
THE UNDERSIGNED HEREBY ENTERS APPEARANCE UNITED SERVICE WORKERS UNION LOCAL 355	

SIGNATURE OF REPRESENTATIVE (PLEASE SIGN IN NK)	REPRESENTATIVE'S NAME, ADDRESS, ZIP CODE (PR NT OR TYPE)
s/Gary P. Rothman	Gary P. Rothman, Esq. ROTHMAN ROCCO LARUFFA, LLP 3 West Main Street - Suite 200 Elmsford, New York 10523 Ph: (914) 478-2801 Fax: (914) 478-2913 Email: grothman@rothmanrocco.com
DATE	AREA CODE TELEPHONE NUMBER
December 19, 2017	(914) 478-2801

IF CASE IS PENDING IN WASHINGTON AND NOTICE OF APPEARANCE IS SENT TO THE GENERAL COUNSEL OR THE EXECUTIVE SECRETARY A COPY SHOULD BE SENT TO THE REGIONAL DIRECTOR OF THE REGION IN WHICH THE CASE WAS FILED SO THAT THOSE RECORDS WILL REFLECT THE APPEARANCE.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

In the matter of

UNITED SERVICE WORKERS, IUJAT, LOCAL 355 (Harr Motor Company)

and

Case 01-CB-211605

RALPH F. ABBOTT, An Individual

ORDER TRANSFERRING CASE FROM REGION 1 TO REGION 3

Case 01-CB-211605, having been filed with the Regional Director for Region 1, and the General Counsel of the Board having duly considered the matter, and deeming it necessary in order to effectuate the purpose of the National Labor Relations Act, and to avoid unnecessary costs and delay,

IT IS HEREBY ORDERED, in accordance with the Rules and Regulations of the National Labor Relations Board, that Case 01-CB-211605 be, and hereby is, transferred to and continued in Region 3.

Peter B. Robb General Counsel

Dated: January 10, 2018 at Washington, D.C.

cc: Region 1, Region 3



REGION 03 130 S Elmwood Ave Ste 630 Buffalo, NY 14202-2465 Agency Website: www.nlrb.gov Telephone: (716)551-4931 Fax: (716)551-4972

March 14, 2018

Gary Rothman, Counsel Rothman Rocco LaRuffa LLP The Empire State Building 350 Fifth Avenue, Ste 6110 New York, NY 10118

Re: UNITED SERVICE WORKERS,

IUJAT, LOCAL 355 (Harr Motor Company) Case 01-CB-211605

Dear Mr. Rothman:

This is to advise you that I have approved the withdrawal of the charge in the above matter.

Very truly yours,

Laura A. Sacks

Laura A. Sacks Acting Regional Director

cc: Ralph F. Abbott, Esq.
Skoler, Abbott & Presser, P.C.
One Monarch Place, Suite 2000
Springfield, MA 01144

Jim Scagnelli, Business Agent United Service Workers, Local 355, IUJAT 13850 Queens Blvd Briarwood, NY 11435-2642

Mr. Michael Gross Harr Motor Company PO Box 912 Worcester, MA 01613-0912